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CONFIRMATION NO. 5063

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/743,557	12/22/2003 RULE	514	1616	0103343.00128US1

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
04/01/2004

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance				
Verified and	/COURTNEY A BROWN/ Examiner's Signature	Initials	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Acknowledged			MA	7	48	7

ADDRESS

WILMERHALF/BOSTON
 60 STATE STREET
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TITLE

Crosslinked hyaluronic acid compositions for tissue augmentation

FILING FEE RECEIVED 1748	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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